FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT
[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address of Respondent HARDY TELECOMMUNICATIONS, INC. 2255 KIMSEYS RUN ROAD LOST RIVER, WV 26810	tespondent MUNICA I ROAD	TIONS, II	Ċ.					- C					Check his a char address.	Check here if this is a change of address.	
2. Year Report Filed 2019 SECTION II. E. III. Time Employee		3. Reporting Period Co	Period (End	Reporting Period (Ending Date of Pay Period Covered by Report) FEBRUARY 16, 2019	9		4. Number of Reporting a. Feb. 16	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and b. 16 or more (complete all sections)	nployees dun (one): complete Sec	ng Selected tions I, IV, and ons)	ed and V only)				
	,						Num (Report emple	Number of Employees (Report employees in only one category)	yees one category						
Job								Race/Ethnicity							
Categories	Hisp	Hispanic or Latino						Not-Hispanic or Latino	c or Latino						Total
					Male	ale					Female	nale			Columns A-N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Isiander	Asian	American Indian or Alaska Native	Two or more races	
	Þ	В	С	D	Е	F	G	I	-	د	_	٢	3	z	0
Executive/Senior Level Officials and Managers 1.1			-												-
First/Mid-Level Officials and 1.2 Managers			ω						2						5
Professionals 2			5												5
Technicians 3			6						1						7
Sales Workers 4															0
Administrative Support Workers 5			-						8						9
Craft Workers 6			4												4
Operatives 7			2												2
Laborers and Helpers 8															0
Service Workers 9									1						1
TOTAL 10	0	0	22	0	0	. 0	0	0	12	0	0	0	0	0	34
PREVIOUS YEAR TOTAL 11			22						12						34

SECTION III - Part-Time Employees.	ees.														
							Number of Employees (Report employees in only one category)	Number of Employees employees in only one c	yees one category)						
dob							_	Race/Ethnicity						2	
Categories	His	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
		100			Male	le					Female	ale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other	Asian	ר ד	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	7 3	Two or more races	
					Islander		Native				Islander		Native		
	Þ	В	С	a	В	ŦI	G	I	-	ر	х	٦	٤	z	0
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2 Managers	2														0
Professionals 2	2														0
Technicians 3	w														0
Sales Workers 4															0
Administrative Support 5 Workers	- 61														0
Craft Workers 6	6,														0
Operatives 7															0
Laborers and Helpers 8	- W														0
Service Workers 9			-												-
TOTAL 10	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PREVIOUS YEAR TOTAL 11			1												-
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	nation Comp	olaints Pursua	nt to 47 CFR	22.321, 23.5	5, 90.168, 101	.4, and 101.3	111.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	Commission the body having of body having of commission the parties invo	nat no complain competent juris nat the followin lved, date filed	nts regarding diction in such g complaints; courts or ago	violations of th matters durinalleging violate encies before	ne equal emploing the calendations of the prowhich the mat	byment provi ir year coveri visions of an ter has been	sions of Feder ed by this repo y equal emplo heard, file nu	al, state, terri ort. yment opport	torial, or local unity statute h	statutes have lave been filed	have been filed against this n filed against this company ant status or disposition.	ainst this company.			
SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	vledge, inform	ation, and beli	ef, all stateme	nts in this rep	ort are true an	d correct.									
	AVID	Typed or Printed Name of Person Signing DAVID S. SHERMAN			\ (a)	Signature	ب		len			Telephone No. (304) 897-9911	97-9911	21	
Title of Person Signing CEO and GENERAL MANAGER	MAN.	4GER		WILLFULLY I	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	MENTS MA	DE ON THIS P	ORM ARE PERMIT (47 U	UNISHABLE S.C. 312 (A)(BY FINE AND 1) AND/OR F	ORFEITURE	ONMENT (18 (47 U.S.C. 50	U.S.C. 1001))3).	AND/OR RE	OCATION